

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 8/10/2018		Bureau/Station/Facility: Lakewood Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 018-17610-1321-054		Date: 8/10/18		Time: 1300 Hours	
City or Station: Lakewood Station		Nature of Incident: Suspect Kalaaauahi assaulted CA [REDACTED] and took her hostage. CA [REDACTED] appeared lifeless when she was held hostage by the suspect. Responding deputies shot the suspect in the station jail.			
Location: 5130 Clark Avenue, Lakewood, CA 90712 Lakewood Station Jail					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: Station Jail		Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: Approximately 10 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Staircase <input checked="" type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: Hostage	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input checked="" type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input checked="" type="checkbox"/> Other <input type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy 4		Total # of Shots Fired by Suspect 0		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Badali	Joseph	A	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Spracher	Robert	E	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Badali	Joseph		<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> Witness to shooting
				<input checked="" type="checkbox"/> Present during shooting	<input type="checkbox"/> Involved in shooting
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Finney	John		<input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Witness to shooting
				<input type="checkbox"/> Present during shooting	<input type="checkbox"/> Involved in shooting
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Martin	Jenny			
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Badali	Joseph	A		

PSTD Use Only

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Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 1	Employee #	Last Name			First Name			M.I.	
		Solorio			Robert			M.I.	
	Sex: M	Race: H	Rank: Detective		Unit Assignment: Lakewood		Work Assignment (Unit #, Module, etc.): Detective Bureau		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 6		Duty Time (hrs): 0500-1300 Hours		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age: 5'10"	Height: 180	Weight: 180		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit: <input type="checkbox"/>		Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 1	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Smith&Wesson		Caliber: 9MM	# Shots: 3	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E 2	Employee #	Last Name			First Name			M.I.	
		Fernandez			Nicholas			D	
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: Lakewood		Work Assignment (Unit #, Module, etc.): 135A		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 7		Duty Time (hrs): Variable		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age: 5'06"	Height: 155	Weight: 155		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit: <input type="checkbox"/>		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings: <input type="checkbox"/>	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Smith&Wesson		Caliber: 9MM	# Shots: 1	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E	Employee #	Last Name			First Name			M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		

Officer Involved Shooting Suspect Information

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Suspect Information											
S 1	Last Name				First Name				M.I.		
	Kalaaukahi				James				K		
	AKA Last Name				First Name				M.I.		
	Sex: M	Race: A	Street Address:		City:		State & Zip Code:				
	Work Phone: None		Home Phone: None		Social Security #:		Driver's License #:				
	Age: 28	D.O.B. 6/04/91	Height: 510	Weight: 260	FBI #:		CII #:				
	Booking # 5390752		Primary Charge: 245.3 PC		Secondary Charge: 209(a) PC						
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used: Methamphetamine				
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input checked="" type="checkbox"/>				
Vehicle Make:		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:	
S	Last Name				First Name				M.I.		
	AKA Last Name				First Name				M.I.		
	Sex:	Race:	Street Address:		City:		State & Zip Code:				
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:				
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:				
	Booking #:		Primary Charge:		Secondary Charge:						
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
	Vehicle Make:		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:
S	Last Name				First Name				M.I.		
	AKA Last Name				First Name				M.I.		
	Sex:	Race:	Street Address:		City:		State & Zip Code:				
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:				
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:				
	Booking #:		Primary Charge:		Secondary Charge:						
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
	Vehicle Make:		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:
S	Last Name				First Name				M.I.		
	AKA Last Name				First Name				M.I.		
	Sex:	Race:	Street Address:		City:		State & Zip Code:				
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:				
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:				
	Booking #:		Primary Charge:		Secondary Charge:						
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
	Vehicle Make:		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Employee Witnesses				
Last Name		First Name		M.I.
Street Address	12335 Civic Center Drive, Norwalk, CA	Zip Code	90650	Work Ph Home Ph
Last Name	Certantes	First Name	Lawrence	M.I. A
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Suarez	First Name	Pablo	M.I. S
Street Address	11515 South Colima Road, Whittier, CA	Zip Code	90604	Work Ph (562) 347-1056 Home Ph
Last Name	Sloan	First Name	Stephanie	M.I. M
Street Address	4850 Civic Center Way, LA, CA	Zip Code	90022	Work Ph (323) 981-5300 Home Ph
Last Name	Finney	First Name	John	M.I.
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Parriott	First Name	Brent	M.I. A
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Steinriede	First Name	Tyler	M.I. J
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Blanchard	First Name	Tyler	M.I. H
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Farias	First Name	Karla	M.I. R
Street Address	1310 West Imperial Highway, Los Angeles	Zip Code	90044	Work Ph (323) 820-6700 Home Ph
Last Name	Manjra	First Name	Ayub	M.I. B
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Johnson	First Name	Karen	M.I. M
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Brown	First Name	Catherine	M.I. J
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name	Rogers	First Name	Brett	M.I. R
Street Address	5130 Clark Avenue, Lakewood, CA	Zip Code	90713	Work Ph (562) 623-3500 Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code		Work Ph Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code		Work Ph Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code		Work Ph Home Ph